

## Stage 3 Meaningful Use: Practice Manager Survey

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This is a questionnaire designed to be completed by practice managers in an ambulatory setting. The tool includes questions to assess the benefits and current state of electronic health records and health information exchanges.

## PRACTICE MANAGER SURVEY

This survey asks about some basic practice characteristics as well as your readiness to meet **proposed Stage 3 meaningful use criteria to support care coordination** and barriers/facilitators to doing so. While we realize that you may have only recently attested to Stage 1 meaningful use and are now in the process of preparing for Stage 2, Federal policymakers are already working to finalize Stage 3.

In order to provide feedback to Federal policymakers on the proposed Stage 3 meaningful use care coordination criteria, the attached survey asks you to respond to questions about your perceptions in the three following areas:

- Section 1: Practice characteristics
- Sections 2 & 3: Readiness to meet proposed Stage 3 care coordination criteria
- Section 4: Key facilitators and barriers to achieving the criteria

Since you may not be familiar with the proposed Stage 3 care coordination measures (and how they differ from Stage 2), the following table **summarizes in red text** the key differences compared to Stage 2:

Stage 2	Stage 3
<b>Summary of Care Record</b>	
<ul style="list-style-type: none"><li>- Summary of Care Record sent for &gt;50% of transitions of care or referrals<ul style="list-style-type: none"><li>o &gt;10% sent electronically</li></ul></li></ul> <p>Note: A Summary of Care Record must include Patient name, Referring or transitioning provider, Procedures, Encounter diagnosis, Immunizations, Laboratory test results, Vital signs, Smoking status, Functional status, Demographic information, Care plan field, including goals and instructions, Care team, Reason for referral, Current problem list, Current medication list, Current medication allergy list.</p>	<ul style="list-style-type: none"><li>- Summary of Care Record sent for <b>≥65%</b> of transitions of care or referrals<ul style="list-style-type: none"><li>o <b>≥30%</b> sent electronically</li></ul></li><li>- <b>Summary of Care Record for referrals must also include a “concise narrative in support of care transitions” (free text that captures current care synopsis and expectations for referral)</b></li></ul>

Referral Acknowledgement and Report Return	
NONE	<p>Eligible professional or setting <b>to whom the patient is referred:</b></p> <ul style="list-style-type: none"> <li>- <b>acknowledges receipt</b> of external information</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- <b>returns referral results</b> generated from the EHR</li> </ul> <p>for 50% of referrals, with 10% returned electronically</p> <p><i>Note: Although PCPs will not be responsible for meeting this criteria when referring patients, they will be impacted by specialists' and others' need to meet this criteria (i.e., receiving referral acknowledgements and referral reports electronically)</i></p>
Reconciliation	
<ul style="list-style-type: none"> <li>- Medication (for &gt;50% of transitions of care)</li> </ul> <p><i>Note: Reconciliation is the process of comparing information from multiple sources to ensure records are accurate and up-to-date</i></p>	<ul style="list-style-type: none"> <li>- Medication (for &gt;50% of transitions of care)</li> <li>- Medication Allergy (for &gt;10% of transitions)</li> <li>- Problems (e.g., uncontrolled diabetes) (for &gt;10% of transitions)</li> </ul>

When you answer the questions in the remainder of the survey, **please focus on the impact of the changes in red text** above as these are NEW components of care coordination proposed in Stage 3 meaningful use.

It may be helpful to consult with the person most familiar with referrals in your practice in order to answer some questions.

## Section 1: Practice Characteristics

In this section we ask about general information regarding your practice, patient referrals, and other organizations with which your practice is affiliated.

1. Please report the type of entity that owns your practice (*select one of the following*):

- ☐ Independent physician practice
- ☐ Parent medical group (e.g., Trinity, Henry Ford)
- ☐ Insurance company, health plan, or HMO
- ☐ Community health center
- ☐ Academic medical center
- ☐ Other hospital
- ☐ Other health care corporation
- ☐ Other, please specify:

2. Please estimate the percent of practice revenue from each of the following payers:  
(*responses should add to 100%*)

Medicare	%
Medicaid/CHIP	%
Private Insurance	%
Patients/Self Pay	%
Workers Compensation	%
Other	%

3. Please estimate the total number of FTE staff employed or directly paid by your practice.

*For example, two full-time (i.e., 2), one half-time (i.e., 0.5), and one quarter-time (i.e. 0.25) physicians should be reported as 2.75 FTE.*

Physicians	FTE
Mid-level Providers (NP, PA)	FTE
Clinical Staff (RN, MA)	FTE
IT Support Staff (trainers, programmers)	FTE
Other Administrative/Non-Clinical	FTE

4. Please characterize the type of Physician Organization (PO) that your practice has a *primary* affiliation with (e.g., CIPA is a PO and is an IPA) (*select one of the following*):
- ☐ Independent Practice Association (IPA)
  - ☐ Physician Hospital Association Organization (PHO)
  - ☐ Medical Services Org/Physician Services
  - ☐ Integrated Delivery/Integrated Health System
  - ☐ Physician Organization (PO)/Network
  - ☐ Medical Group
  - ☐ Other, please specify:
  - ☐ Don't know
  - ☐ Not Affiliated with a PO (skip next question)
5. Please report which type(s) of IT support you receive from your Physician Organization (*select all that apply*):
- ☐ None
    - System selection
    - System implementation
  - ☐ System maintenance and technical support
    - System training
    - Workflow redesign
  - ☐ Other, please specify:
6. Please report which electronic health record system(s) you currently use in your practice (*select all that apply*):
- ☐ AllScripts
  - ☐ athenahealth
  - ☐ Cerner
  - ☐ eClinicalWorks
  - ☐ eMedical Notes
  - ☐ EPIC
  - ☐ GECentricity
  - ☐ NextGen
  - ☐ Other, please specify:
7. Please report for how long your practice has used an EHR (*select one of the following*):
- ☐ Less than 1 year    ☐ 1-2 years    ☐ 3-5 years    ☐ 6-10 years    ☐ More than 10 years
8. Please report the number of patient visits in a typical week in your practice:
9. Please report the percent of patient visits in a typical week in your practice that result in a:
- a. **Consultation Request** (Referral to a specialist or other type of consultant) %
  - b. **Direct Hospital Admission or ED Evaluation** %
  - c. **Transfer of Care** (Permanent or long-term transfer to a different facility, different care team, Home Health Agency, or hospice) %

10. Of all consultation requests, what percent are: (boxes should add to 100%)

a. Made within your network %

b. Made outside your network %

*Note: Within-network refers to requests to consultants within your organization, clinical network, or larger delivery system to which you belong.*

11. For each of the following types of care providers, please indicate whether your practice typically refers patients to a narrow list of providers or spreads referrals across a broad group of providers?

	Within Your Network					Outside Your Network				
	Narrow	Moderate	Broad	Unsure	Not applicable	Narrow	Moderate	Broad	Unsure	Not applicable
<b>Specialty Practices</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hospitals</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Departments</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Long-term Care Facilities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Does your practice currently participate in an Accountable Care Organization (e.g., The Physician Organization of Michigan ACO, SE Michigan Accountable Care (SEMAC), Oakwood ACO, Accountable Healthcare Alliance PC)?

☐ Yes    ☐ No, but planning to do so    ☐ No, and not planning to do so    ☐ Unsure

13. Does your practice currently meet one or more set of criteria for being a Patient Centered Medical Home (e.g., NCQA, Blue Cross Blue Shield of MI PGIP)?

☐ Yes    ☐ No, but planning to do so    ☐ No, and not planning to do so    ☐ Unsure

## Section 2: Readiness to Meet Proposed Stage 3 Care Coordination Criteria

In this section, we seek to assess the current **readiness** of your practice to meet the proposed Stage 3 Meaningful Use care coordination criteria (described on page 1).

1. Prior to learning about our study, were you aware of these proposed stage 3 meaningful use criteria?

☐ Yes, in detail      ☐ Yes, but not in detail      ☐ No

2. Please indicate the current ability in **your practice site** to attest to meeting the following Stage 2 and proposed Stage 3 care coordination criteria:

Criteria	Stage 2	Could your practice attest to meeting this criteria today?	Additions in Stage 3	Could your practice attest to meeting this criteria today?
Summary of Care Records (to send to other providers)	Provide a summary of care record <b>for more than 50%</b> of transitions of care and referrals	Yes No	Provide a summary of care record <b>for at least 65%</b> of transitions of care and referrals	Yes No
	Provide a summary of care record <b>electronically<sup>1</sup> for 10%</b> of transitions of care and referrals	Yes No	Provide a summary of care record <b>electronically<sup>1</sup> for at least 30%</b> of transitions of care and referrals	Yes No
			Include in the Summary Care Record a <b>concise narrative<sup>2</sup></b> in support of referrals	Yes No
Referral Reports			Receive referral results <b>for at least 50%</b> of referrals	Yes No
			Receive <b>at least 10%</b> of referral results <b>electronically<sup>1</sup></b>	Yes No
Reconciliation	Reconcile <b>medications</b> during a relevant encounter <b>for more than 50%</b> of transitions in care	Yes No	Reconcile <b>medication allergies</b> during a relevant encounter <b>for more than 10%</b> of transitions in care	Yes No
			Reconcile <b>problems</b> (e.g., uncontrolled diabetes) during a relevant encounter <b>for more than 10%</b> of transitions in care	Yes No

<sup>1</sup> Electronically means that the record or report can be sent using your EHR or web-based approach (e.g., portal, secure email).

<sup>2</sup> Free text that captures current care synopsis and expectations for the transfer/referral

### Section 3: Availability of Health Information Exchange Options

*In this section, we seek to understand how you currently share patient information when patients move between care delivery settings.*

1. Please report the extent to which you use the following approaches to sharing patient information:

	Substantially	Moderately	Minimally	Never
<b>Mail</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fax/eFax</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Shared EHR or other IT system</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A local or regional health information exchange effort (see list in the following question)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you participate in any of the following local or regional health information exchange efforts:

	Yes	No, but considering	No, and not planning to do so	Unsure
XXXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XXXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XXXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XXXXX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Please indicate how you share the following types of health data with (1) ambulatory practices (those that you are affiliated with and those that you are not) and (2) hospitals (those that you are affiliated with and those that you are not).

**Ambulatory practices that are part of your network**

	SEND information generated by your practice			RECEIVE information generated by other practices		
	Predominantly <u>mail/fax</u>	Mix of <u>electronic</u> and <u>mail/fax</u>	Predominantly <u>electronic</u>	Predominantly <u>mail/fax</u>	Mix of <u>electronic</u> and <u>mail/fax</u>	Predominantly <u>electronic</u>
<b>Key Patient Clinical Data</b> (e.g., problem lists, medication lists, medication allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Referral requests and reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lab results</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Imaging reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Ambulatory practices that are NOT part of your network**

	SEND information generated by your practice			RECEIVE information generated by other practices		
	Predominantly <u>mail/fax</u>	Mix of <u>electronic</u> and <u>mail/fax</u>	Predominantly <u>electronic</u>	Predominantly <u>mail/fax</u>	Mix of <u>electronic</u> and <u>mail/fax</u>	Predominantly <u>electronic</u>
<b>Key Patient Clinical Data</b> (e.g., problem lists, medication lists, medication allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Referral requests and reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lab results</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Imaging reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Hospitals that are part of your network

	SEND information generated by your practice			RECEIVE information generated by hospitals		
	Predominantly <u>mail/fax</u>	Mix of <u>electronic</u> and <u>mail/fax</u>	Predominantly <u>electronic</u>	Predominantly <u>mail/fax</u>	Mix of <u>electronic</u> and <u>mail/fax</u>	Predominantly <u>electronic</u>
<b>Key Patient Clinical Data</b> (e.g., problem lists, medication lists, medication allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lab results</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Imaging reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Hospitals that are NOT part of your network

	SEND information generated by your practice			RECEIVE information generated by hospitals		
	Predominantly <u>mail/fax</u>	Mix of <u>electronic</u> and <u>mail/fax</u>	Predominantly <u>electronic</u>	Predominantly <u>mail/fax</u>	Mix of <u>electronic</u> and <u>mail/fax</u>	Predominantly <u>electronic</u>
<b>Key Patient Clinical Data</b> (e.g., problem lists, medication lists, medication allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lab results</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Imaging reports</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4: Facilitators and Barriers to Proposed Stage 3 Care Coordination Criteria

### BARRIERS

If you were asked to achieve the proposed stage 3 criteria **today**, please assess the extent to which the following are **barriers** to criteria achievement:

Barriers	Substantial barrier	Moderate barrier	Minor or not a barrier	Unsure	Not applicable
Lack of provider and practice staff time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competing priorities (e.g., becoming a medical home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct financial costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complexity of required workflow changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EHR design and functions do not easily support care coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty sending and receiving information electronically between settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>please specify below</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### FACILITATORS

If you were asked to achieve the proposed stage 3 criteria **today**, please assess the extent to which the following are **facilitators** to criteria achievement:

Facilitators	Substantial facilitator	Moderate facilitator	Minor or not a facilitator	Unsure	Not applicable
Additional workflow support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignment between different financial incentive programs (e.g., PGIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional financial incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extend timeline for Stage 3 Meaningful Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better EHR design and functions that support care coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better options to send and receive information electronically between settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>please specify below</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Respondent Demographics

**Age:**      ☐ 20-29      ☐ 50-59      ☐ 80-89  
                 ☐ 30-39      ☐ 60-69      ☐ 90+  
                 ☐ 40-49      ☐ 70-79

**Gender:**      ☐ Male      ☐ Female

### Years Worked in Current Practice Setting:

☐ 5 or fewer      ☐ 21-30      ☐ More than 30  
☐ 6-10      ☐ 11-20

**Prior to taking this survey, please indicate your level of familiarity with meaningful use criteria:**

Not at all familiar 1	2	Moderately familiar 3	4	Very familiar 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for taking the time to complete the survey.**